FEB 0 7 2003 LUNGER SEPTIMENT PRODUCTION

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

eduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

☑Declaration
OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| I | Attorney Docket Num | ber 21544-0001 | |
|---|----------------------|-----------------|-----|
| | First Named Inventor | ROBINSON | |
| | со | MPLETE IF KNOWN | |
| | Application Number | 10/050,981 | |
| | Filing Date | 01/18/2002 | |
| | Group Art Unit | 2151 | 10° |
| | Examiner Name | | 6/6 |

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEM AND METHOD FOR REMOTELY ENTERING AND VERIFYING DATA CAPTURE (Title of the Invention) the specification of which is attached hereto as United States Application Number or PCT International was filed on (MM/DD/YYYY) 01/18/2002 and was amended on (MM/DD/YYYY) Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy Attached?** Foreign Filing Date Priority **Prior Foreign Application** (MM/DD/YYYY) Country Not Claimed Country Number(s) NO П Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer Numbor Bar Code Labor | | 1650 | | OR | Correspondence address below |
|--|---------|------------|-------------------|-------------|---|
| Name City Correspondence address below Correspondence address b | | | | | |
| Address | | | | | |
| City | State | | | ZI | - Thology |
| Country | | Teleph | one | | Fax |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | A petit | ion has | been f | iled for th | is unsigned inventor |
| Given Name Robert J. Family Name Robinson or Surname | | | | | |
| Inventor's Signature | | | | Date | 1/28/2027 |
| Camp Hill | PA | | USA | | USA |
| Residence: City | State | | Coun | try | Citizenship |
| 10 Carleton Court | | | | | |
| Mailing Address | | | | | |
| Camp Hill | PA | | 17011 | | USA |
| City | State | | Zip | | Country |
| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | ily Nam urname | | |
| Inventor's Signature | | | | Date | |
| | | | | | |
| Residence: City | State | | Coun | try | Citizenship |
| Mailing Address | Ţ | | | | |
| City | State | | 7in | | Country |
| Additional inventors are being named on the | | A Addition | Zip | | Country 5) PTO/SB/02A attached hereto. |

| Please type a plus sign (+) inside this box —> [+] FEB 0 7 2003 Under the Paperwork Reduction Act of 1995, no persons a | | Approved for use through 10/31/2002. OMB 0651-0035 Trademark Office; U.S. DEPARTMENT OF COMMERCE information pulses it discloses a yellid OMB control purpler. |
|---|----------------------|--|
| TRAPENSON | Application Number | 10/050,981 |
| | Filing Date | 01/18/2002 |
| POWER OF ATTORNEY OR | First Named Inventor | ROBINSON |
| AUTHORIZATION OF AGENT | Group Art Unit | 2151 |

Group Art Unit
Examiner Name

Attorney Docket Number

21544-0001

| 1 haraby a | | | | | | | |
|---|---------------------------|---|----------------------|--|--|--|--|
| I hereby ap | • | 26507 | | _ IAMABHAICHAHAHAHAI INI INI | | | |
| | oners at Co | ustomer Number 26587 | | | | | |
| - | oner(s) nar | med below: | - | <u></u> | | | |
| | | Name | Regi | pistration Number | | | |
| ļ | | | | | | | |
| | | | | | | | |
| ļ | | | | | | | |
| | | | | | | | |
| as my/our a Trademark | ittorney(s) o | or agent(s) to prosecute the application in nected therewith. | identified above, a | and to transact all business in the Patent and | | | |
| Please ch: | ange the cr | correspondence address for the above-ide | entified application | n to: | | | |
| The at | pove-menti | tioned Customer Number. | | Place Customer Number Bar Code | | | |
| | oners at Cu | ustomer Number | | Label here | | | |
| Firm <i>or</i> | ıal Name | | | | | | |
| Address | | | | | | | |
| Address | | | | | | | |
| City | | | State | ZIP | | | |
| Country | | | | | | | |
| Telephone | | | Fax | | | | |
| I am the: | | | | | | | |
| Applic | Applicant/Inventor. | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | | |
| Certitic | ate under | 37 CFR 3.73(b) is enclosed. (Form PTO) | | | | | |
| | | SIGNATURE of Applicar | nt or Assignee of | f Record | | | |
| Name | Robert J | J. Robinson | | - | | | |
| Signature | 1 | | | | | | |
| Date | | 18/2003 | | | | | |
| NOTE: Signa Submit multi | atures/of a inle forms | al/the inventors or assignees of record if more than one signature is required, | of the entire inte | erest or their representative(s) are required. | | | |
| ☐ *Total of | | rms are submitted | , 000 00.0 | ., | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Rechnology Center 2 to Control of the Control of the Control of Center 2 to Control of the Contr

17800 11800

Sudhautistis .

STATE OF STATE

PECELVED 2023 Center 2100 Technology Center 2100



Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

> **Assistant Commissioner for Patents** Washington, D.C. 20231

on January 31, 2003. Date

Signature

Kurt L. Ehresman

Typed or printed name of person signing Certificate

Each paper must have its own certificate of mailing, or this certificate must identify each submitted Note: paper.

Return Acknowledgment Postcard Transmittal Form Fee Transmittal Form Declaration (1 copy of executed original, 2 pages) Power of Attorney (1 copy of executed original, 1 page)

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.